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Northern Virginia  
Mental Health Institute

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Primary Inspection Report  
October 5-6 and 13, 1999

Office of the  
Inspector General

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## **EXECUTIVE SUMMARY**

This report summarizes the findings during a primary inspection of Northern Virginia Mental Health Institute (NVMHI) during October 5-6, and 13, 1999.

Primary inspections are routine unannounced comprehensive annual visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement.

Currently there are many forces addressing severe deficiencies in the public funded Mental Health, Mental Retardation and Substance Abuse (MHMRAS) Facility System in Virginia. The items identified for review in this report were selected based on the relevance to current reform activity being undertaken in NVMHI as well as other facilities in Virginia. This report is intentionally focused on those issues that relate most directly to the quality of professional care provided to patients of the facility. It is intended to provide a view into the current functioning of NVMHL Over the last four months, NVMHI has implemented a number of programs and hired staff in key positions. These are viewed as positive steps. It is too early to measure the effectiveness or significance of these changes on the overall quality of care. Future inspections will focus on how the maturing of both staff and programs over time at the facility has enhanced quality care.

This report is organized into eight different areas. These are: 1) Treatment of Patients with Dignity and Respect, 2) Use of Seclusion and Restraint, 3) Active Treatment, 4) Treatment Environment, 5) Access to Medical Services, 6) Public-Academic

each of these areas are one or more "findings" with related background discussion and recommendations.

The following findings constitute a summary and would be taken out of context if interpreted without review of the accompanying background material.

### **FINDINGS OF MERIT**

NVMHI staff was found to treat patients with dignity and respect in several interactions observed throughout the inspection period. (Finding 1. 1)

The facility advocate has an appropriate role at NVMHI. (Finding 1.2)

The use of seclusion has been significantly reduced. The facility has maintained a pattern of reduced use of seclusion. (Finding 2. 1)

NVMHI is continuing to develop a very active psychosocial rehabilitation mall. (Finding 3. 1)

NVMHI continues to make positive adjustments in the treatment planning process. (Finding 3.2)

NVMHI is beginning a process of extending psychosocial rehabilitation programming into the weekend. (Finding 3.4)

NHMHI is in the process of establishing a behavioral consult team. (Finding 3.5)

The facility is well maintained, clean and comfortable. (Finding 4. 1)

The space dedicated for use, as the psychosocial rehabilitation mall was crowded but adequate. (Finding 4.2)

- o Northern Virginia Mental Health Institute has sufficient numbers of nursing staff. (Finding 5.1)

Northern Virginia Mental Health Institute currently has a program of twenty-four (24) hours' medical coverage. (Finding 5. 1)

- NVMHI has recently hired a Medical Director. (Finding 5.2)

NVMHI collaborates with a number of Colleges and Universities to provide clinical training opportunities for a variety of disciplines. (Finding 6. 1)

Northern Virginia Mental Health Institute has been actively engaged in implementing the conditions in the settlement agreement negotiated with the Department of Justice. (Finding 7.1)

### **FINDINGS OF CONCERN**

- \* Pharmacists did not appear to be part of the treatment planning process. (Finding 3.3)

Magazines located in the atrium for patient use were grossly out-dated, some by as much as ten years. (Finding 4.3)

Northern Virginia Mental Health Institute has undergone a number of changes both in programming and staff. (Finding 8. 1)

## Northern Virginia Mental Health Institute

**Date of Visit:** October 5-6 and 13, 1999  
**Reason for Inspection:** Initial Primary Inspection  
**Type of Inspection:** Unannounced

**Sources of Information:** A tour of the facility was completed with each of the units visited. Interviews were conducted with staff (clinical and administrative) and patients; patient records were reviewed; a treatment plan meeting was attended as well as morning rounds on one unit; treatment programming "sessions" were attended and evening activities observed. Other documentation reviewed included the facility's most recent monitoring plan, behavioral consultation referral and tracking forms and a leadership initiative package regarding the use of seclusion and restraint as well as other documents

**Areas Reviewed:** Section One: Treatment of Patients with Dignity and Respect  
 Section Two: The Use of Seclusion and Restraint  
 Section Three: Active Treatment  
 Section Four: Treatment Environment  
 Section Five: Access To Medical Services  
 Section Six: Public-Academic Relationships  
 Section Seven: Notable Administrative Projects  
 Section Eight: Facility Challenges

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### Northern Virginia Mental Health Institute Background

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Northern Virginia Mental Health Institute (NVMHI) was established in 1968 and is the only state psychiatric hospital serving the Northern Virginia metropolitan area. It provides services to adults residing in the Counties of Arlington, Fairfax and Prince William and the cities of Alexandria, Fairfax and Falls Church. The operational bed capacity is 137. The facility first received its accreditation from the Joint Commission for the Accreditation of Hospital Organization (JCAHO) in 1979. It was last renewed in 1998. NVMHI was investigated by the Department of Justice for violations of the Civil Rights for Institutionalized Persons Act (CRIPA) in 1996. A settlement agreement was negotiated between NVMHI and the Department of Justice (DOJ) in 1997. This agreement outlines a plan of correction with deadlines and is monitored periodically by DOJ attorneys and professional experts. A consultative tour was made by DOJ in the summer of 1999. The current settlement agreement specifies a deadline for

implementation of the plans by January 2000. Per the settlement agreement, a certifying tour of final inspection should occur in January 2000.

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### Section one

#### Treatment of Patients with Dignity and Respect

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#### **3.3 Finding: NVMH1 staff was found to treat patients with dignity and respect in several interactions observed throughout the inspection period.**

**Background:** The ability to treat patients with dignity and respect is a measure of quality care on the most basic of levels. There were multiple opportunities to observe the disciplines were noted being polite and respectful. Staff receives training on the importance of each individual's rights during their initial orientation period at the facility. This includes not only each person's right to be treated with dignity and respect but also deals with issues of abuse. Because the facility is located in an area that is an international community, issues of dignity and respect become increasingly more complex as definitions include a cultural context for the patient. A guide to cultural idiosyncrasies was available in the charting area of the admission unit for reference by staff. The guide, although limited in information, provided a brief sketch of various beliefs and issues for interactions. Cultural awareness is also included during the orientation of new employees.

**Recommendation: Continue to maintain focus on treatment of all patients from all cultures with dignity and respect.**

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#### **3.4 Finding: The facility advocate has an appropriate role at NVMHL**

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**Background:** An interview was conducted with the facility advocate. She has been in this capacity throughout the changes that have occurred at the facility as a result of the implementation of the Continuous Improvement Plan. She indicated the facility has made an effort to minimize the impact of the numerous staff and programming changes on the functioning of the patients. She related that there was an active LHRC that has also been instrumental in this process. The advocate related that a working relationship had been forged with both administrative and clinical staff with the ultimate goal being the quality of patient care. Not only does the advocate address individual issues and concerns, she also is mindful of systemic issues that could have an adverse impact on treatment. She plans on addressing two issues with administration; one centering around the potential of time-out to become a form of seclusion and the other being the use of bands to identify patient(s) level.

**Recommendation: Continue to maintain this role.**

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## Section Two

### Use of Seclusion and Restraint

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**2.1 Finding: The use of seclusion has been significantly reduced. The facility has maintained a pattern of reduced use of seclusion.**

**Background:** Northern Virginia Mental Health Institute has maintained a sustained reduction in the use of seclusion. Staff interviewed felt this was accomplished through several mechanisms including an increase in RNs. An increase in staff training on alternative and less intrusive interventions as well as administrative directives limiting the usage of seclusion and restraint were additional factors identified. Several interactions were observed between the staff and patients on the Admissions Unit (F Unit). Staff was noted to successfully deescalate a patient who expressed frustration over a situation by repeatedly kicking a dryer. This was a very effective intervention with an aggressive frustrated individual that may have otherwise escalated.

There was a cautionary note made by several members of the staff indicating that the use of "time-out" had the potential of blurring into a form of seclusion. The Human Rights Advocate and Administration were meeting to review this concern and to establish measures to limit the potential of this becoming a problem.

**Recommendation: Maintain the current treatment culture attitudes toward the use of seclusion as a last resort emergency procedure only.**

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## Section Three

### Active Treatment

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**3.1 Finding: NVMHI is continuing to develop a very active psychosocial rehabilitation mail.**

**Background:** There is evidence that the psychosocial rehabilitation program (treatment mall) initiated at Northern Virginia Mental Health Institute in March 1999 has increasingly become a component of treatment planning for patients. Staff schedules are adjusting to accommodate usage.

Members of each discipline are responsible for facilitating a set number of treatment "hours" or sessions per week. Staff feels that the benefits to the patients include: decreases in emergency medication usage, improved sleep patterns and a decrease in

Several of the psychosocial rehabilitation sessions were attended. Of the groups observed, the numbers were small and manageable. Efforts were made to engage patients

in the activity and/or discussion occurring. All patients interviewed felt they benefited from their participation. It is noted that several patients were able to define how their involvement helps to prepare them for discharge but others did not seem to understand how the content of the group could generalize to community living.

**Recommendation: Continue to develop this exciting program.**

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### **3.2 Finding: NVMH1 continue to make positive adjustments in the treatment planning process.**

**Background:** Several treatment team sessions were observed. The facility has made an effort to have staff of all disciplines present during the treatment planning process. Observations of a treatment planning meeting revealed that staff integrated choices from the mall in the development of the plan. The patient was not initially involved in the treatment planning. When invited in, she was able to successfully amend the presented plan. Treatment plans are a roadmap for recovery. As such, effective plans of treatment should be conjoint efforts from the onset. Treatment planning should happen with the

**Recommendation: Treatment teams and mentors need to focus on engaging the patient in the creation of the treatment plans.**

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### **3.3 Finding: Pharmacists did not appear to be part of the treatment planning process.**

**Background:** Given the extent of medical and psychiatric problems of these patients, a more prominent role for clinical consultation with the Pharmacy would be helpful. Good pharmacy consultation can be invaluable in providing education to staff and in monitoring prescribing trends within the hospital.

**Recommendation: Explore feasibility of developing a pharmacist or Pharm. D. position at NVMH1 as other facilities in Virginia are doing.**

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### **3.4 Finding: NVMH1 is beginning a process of extending psychosocial rehabilitation programming into the weekend.**

**Recommendation: None at this time. Weekend program development will be reviewed in future inspections.**

### **3.5 Finding: NHMHI is in the process of establishing a behavioral consult team.**

**Background:** The lead psychologist for this team was recently hired. She has previous experience in working with a similar team at Central State Hospital. Based on the review

**Recommendation: None at this time. Progress will be monitored in future inspections.**

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## **Section Four Treatment Environment**

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### **4.1 Finding: The facility is well maintained, clean and comfortable.**

**Background:** Tours were conducted of each unit. Each unit was clean and well maintained. Furniture in the common areas was maintained in good condition and was appropriate for the population being served. Patients interviewed related that they felt well cared for and were reasonably comfortable in the setting. Patients stated that the

**Recommendation: Continue facility maintenance.**

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### **4.2 Finding: The space dedicated for use, as the psychosocial rehabilitation mall was crowded but adequate.**

**Background:** Space previously used as a patient unit was converted in order to house the psychosocial rehabilitation (PSR) program or treatment mall. Because the space was originally designed for a very different purpose, it is not optimal for use as a PSR mall. However, it has been converted in such a manner as to maximize the space available. The atrium common area is bright and "airy" providing a comfortable area for patients to interact with each other as well as a space that accommodates larger gatherings for presentations and "social" events.

**Recommendation: As this program matures, staff may want to explore ways to reduce the institutional appearance of the entire mall.**

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### **4.3 Finding: Magazines located in the atrium for patient use were grossly outdated, some by as much as ten years.**

**Recommendation: Maintain current literature and reading material.**



**4.4 Finding: Northern Virginia Mental Health Institute has sufficient numbers of nursing staff.**

**Background:** The total number of nursing staff exceeds the standard of 5.5 hours per patient day. Approximately 50% of direct care staff are RNs. This ratio exceeds the generally accepted standard at other mental health facilities in Virginia of 30% RNs. Staffing patterns of selected units visited on October 5, 1999 during the evening shift included the following:

- H Unit (Intensive Behavior Unit)  
4 RNs and 2 HSCWs for 9 patients
- F Unit (Admissions)  
4 RNs and 4 HSCWs for 22 patients
- K Unit (Long-term)  
5 RNs and 6 HSCWs for 44 patients

The number of nursing staff and percentage of RNs is high in relationship to staffing patterns at other mental health facilities in Virginia. Based on the acuity and activity level of the patients present the evening of the inspection, the numbers of nursing staff

**Recommendation: Continue to assess the appropriateness of nursing staffing based on patient need.**

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**Section Five**  
**Access to Medical Services**

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**5.1 Finding: Northern Virginia Mental Health Institute currently has a program of twenty-four (24) hours' medical coverage.**

**Background:** Dr. Maw was hired during the summer, 1999. She serves as the facility's Chief of Internal Medicine. Her primary functions are to oversee and provide primary care services. Twenty-four hours a day, seven days a week coverage is accomplished through the use of an additional full-time employee (FTE) and two Locum Tenens physicians.

The on-going usage of any Locum Tenens physician staff as opposed to permanent medical staff is concerning. The newly hired Medical Director is very aware of the situation and has placed a high priority on solving this problem.

Medical staff may want to consider regular scheduling for follow-up visits, rather than having the primary care physician try to find patients within the facility. This practice

would encourage patients to manage their own appointment schedules as would be expected in the community.

**Recommendation: Continue to pursue plans to secure permanent medical staff.**

## **5.2 Finding: NVMHI has recently hired a Medical Director.**

**Background:** The facility has recently hired Dr. El-Sabaawi as the Medical Director of the facility. During his brief time with the facility, he has reviewed the current arrangements for the provision of care and began developing plans for the increased training, consistency and communication among the medical staff. There has been considerable instability in this position over the last year.

**Recommendation: None at this time.**

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## **Section Six**

### **Public-Academic Relationships**

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## **6.1 Finding: NVMHI collaborates with a number of Colleges and Universities to provide clinical training opportunities for a variety of disciplines.**

**Background:** The following affiliations or contracts are established:

Nursing: Marymont University, George Mason University and Northern Virginia Community College

Social Work: Virginia Commonwealth University and George Mason University

Psychology: George Mason University, George Washington University, American University and Gallaudet University

Occupational therapy: Medical College of Virginia and University of New Hampshire

Recreational therapy: Longwood College, Old Dominion University, University of Michigan and Radford University

Medical students and Residents: Uniformed Services University for Health Sciences and George Washington University

Relationships with academic programs have advantages for patients, staff and students. Many times visiting students spend special time with the patients. Working with outside students is generally good for staff development and morale. Exposure to patients with chronic mental illnesses can help reduce social stigma that students might have towards this population.

**Recommendation: Continue to maintain and foster academic affiliations.**

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### Section Seven

#### Notable Administrative Activity's

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**7.1 Finding: NVMHI has been actively engaged in implementing the conditions in the settlement agreement negotiated with the Department of Justice..**

**Background:** The facility has been aggressively pursuing compliance with the settlement agreement negotiated with the Department of Justice. This has been stressful for the facility, staff and patients. The process has been extensive and includes virtually all aspects of clinical care.

**Recommendation: Continue to focus on this high priority.**

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### Section Eight

#### Unique Facility Challenges

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**8.1 Finding: Northern Virginia Mental Health Institute has undergone a number of changes both in programming and staff.**

**Background:** Over the course of the past two years, this facility has experienced a number of staff changes. Many of the staff in key positions are new to the facility. This has been occurring in conjunction with multiple program changes and paradigm shifts regarding treatment planning with patients and among disciplines. One of the challenges facing this facility is the patience to allow the "maturing" of these integral organizational components. All staff interviewed felt that staff morale has been adversely effected by the enormity of the programmatic changes and the instability of staff over the past few years. Efforts have been made to address the morale problem through increased communication and with several employee recognition programs. A newsletter is regularly published and seems to be source of information for staff. It will take time and effort for the current programs and management staff to mature and become incorporated into the day to day functioning of a new and greatly improved treatment culture at this facility.

**Recommendation: Time is needed for new staff and new services to mature.**